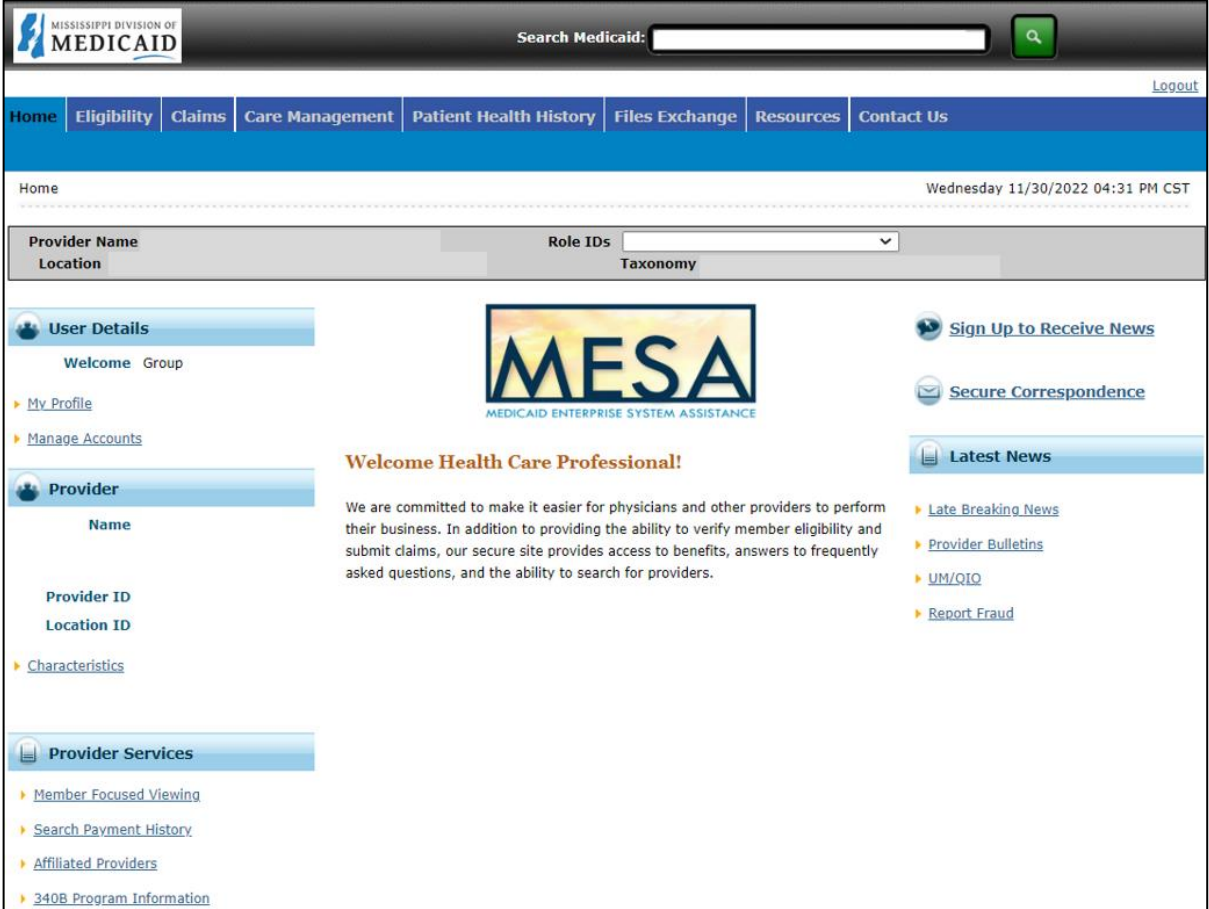




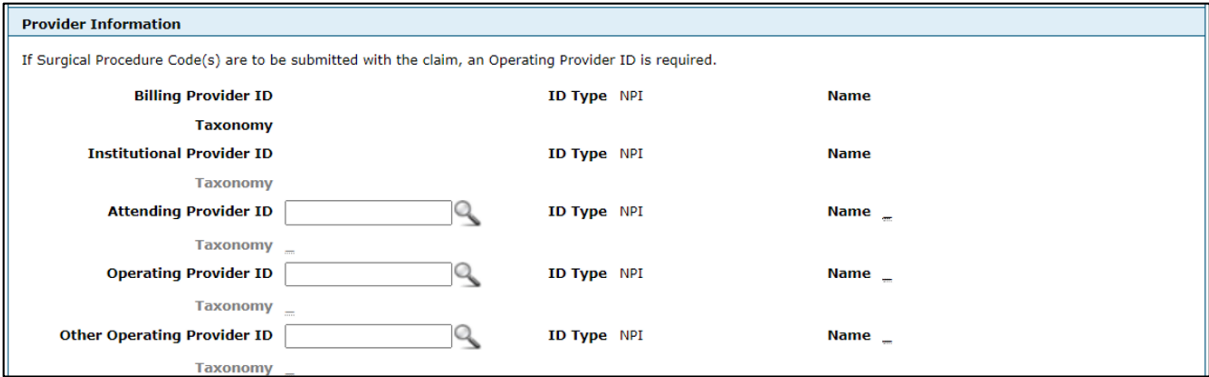
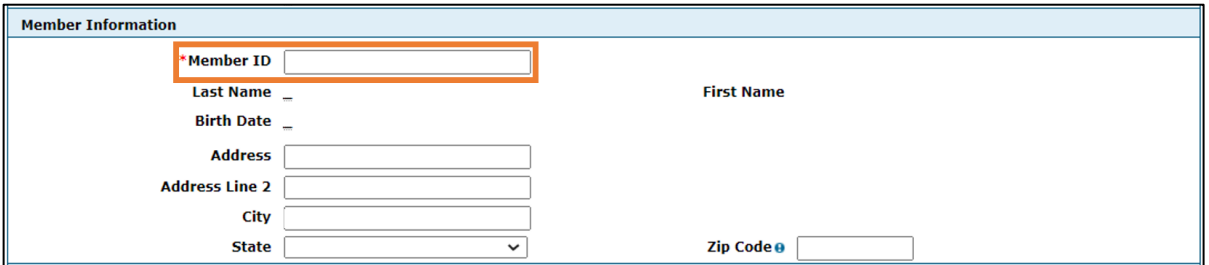
Job Aid

Home Health Claim Submission

This job aid provides step-by-step instructions on how to submit a Home Health Claim in the MESA portal. Please read the instructions thoroughly.

Review the steps to submit a Home Health Claim

Steps	Description
Step 1	<p>Login to the Portal. The Portal Home screen Displays.</p> 
Step 2	<p>The following steps will review how to submit a Home Health Claim in MESA:</p> <p>Hover over the Claims tab on the menu bar. A list of claim types displays below.</p> <ul style="list-style-type: none"> Select Submit Claim Inst. 

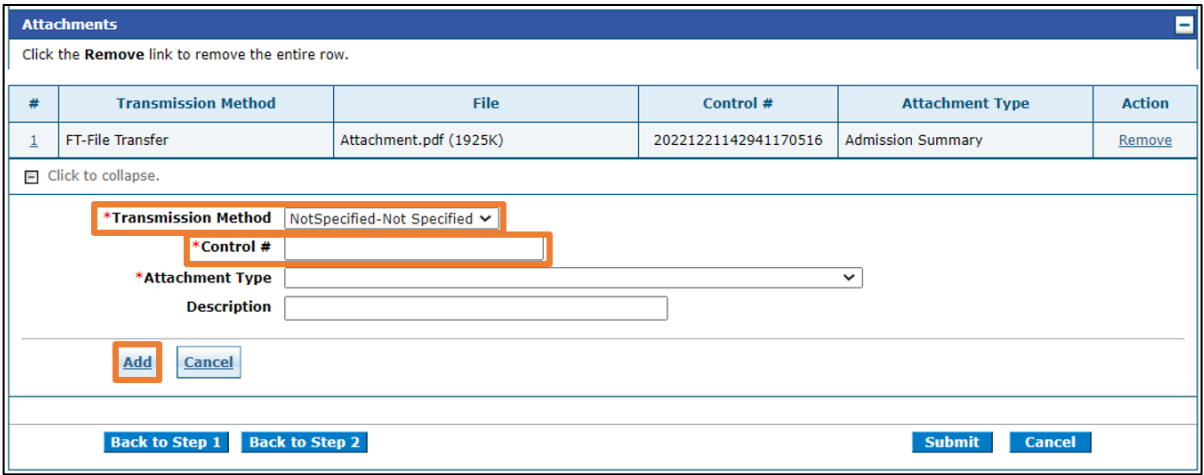
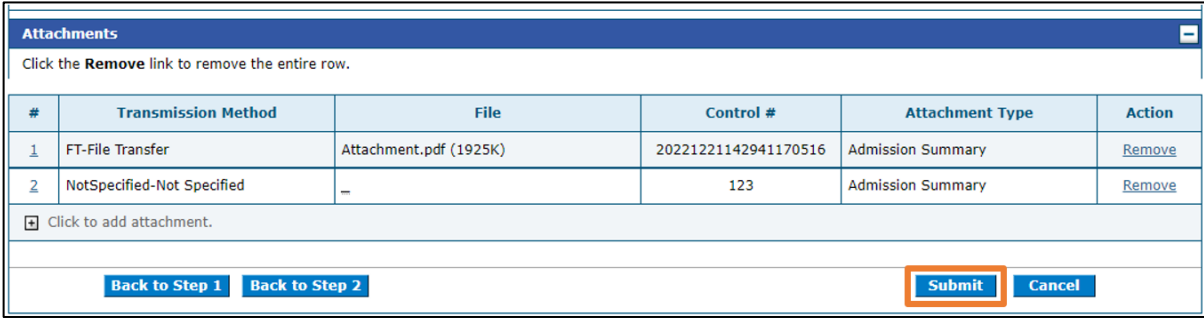
Steps	Description
Step 3	<p>The Portal displays the “Submit Institutional Claim: Step 1” page.</p> <ul style="list-style-type: none"> Select Claim Type Home Health. 
Step 4	<ul style="list-style-type: none"> Complete the Provider Information section. <p>NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted.</p> 
Step 5	<ul style="list-style-type: none"> Complete the Member Information section. <p>NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section. Verify the fields populate correctly.</p> 
Step 6	<ul style="list-style-type: none"> Complete the Claim Information section. Once all information is entered for this section review the information and select Continue (see image below). <p>NOTE: Everything with a red asterisk (*) must be completed.</p> <p>NOTE: If the member has TPL, check the <i>Other Insurance</i> checkbox and provide the details. Details can be added on Step 2.</p>

Steps	Description								
	<div><div>Claim Information</div><div><div><div><div>*Covered Dates</div><div><div></div><div></div></div><div>-</div><div><div></div><div></div></div></div><div><div></div><div></div></div></div><div><div>Admission Date/Hour</div><div><div></div><div></div></div><div>-</div><div><div></div><div></div></div><div>(hh:mm)</div><div><div>Discharge Hour</div><div><div></div><div></div></div><div>(hh:mm)</div></div></div><div><div>Admission Type</div><div><div></div><div></div></div></div><div><div>Admission Source</div><div><div></div><div></div></div></div><div><div>Admitting Diagnosis Type</div><div>ICD-10-CM</div><div></div></div><div><div>Admitting Diagnosis</div><div><div></div><div></div></div></div><div><div>Patient Status</div><div><div></div><div></div></div></div><div><div>*Type of Bill</div><div><div></div><div></div></div></div><div><div>Patient Number</div><div><div></div><div></div></div></div><div><div>Authorization Number</div><div><div></div><div></div></div></div><div><div><div>*Does the provider accept assignment for claim processing?</div><div><div><div><div></div></div>Yes</div><div><div><div></div></div>No</div><div><div><div></div></div>Clinical Lab Services Only</div></div></div><div><div><div>*Are benefits assigned to the provider by the patient or their authorized representative?</div><div><div><div><div></div></div>Yes</div><div><div><div></div></div>No</div><div><div><div></div></div>N/A</div></div></div><div><div><div>*Does the provider have a signed statement from the patient releasing their medical information?</div><div><div><div><div></div></div>Yes</div><div><div><div></div></div>No</div></div></div></div><div><div>Include Other Insurance</div><div><div></div><div></div></div></div><div><div>Total Charged Amount</div><div>\$0.00</div></div></div><div><div>Continue</div><div>Cancel</div></div></div></div></div>								
Step 7	<p>The Portal displays the “Submit Institutional Claim: Step 2” page. The previous information that was entered in step 1 will display at the top of the page in Step 2.</p> <ul style="list-style-type: none">Review the previously submitted information and scroll down. <div><div>Submit Institutional Claim: Step 2</div><div><div><div>* Indicates a required field.</div><div>Claim Type Home Health</div></div><div><div>Provider Information</div><div><div><div>Billing Provider ID</div><div>ID Type NPI</div><div>Name</div></div><div><div>Taxonomy</div></div></div><div><div>Patient and Claim Information</div><div><div><div>Member ID</div><div>Member</div><div>Birth Date</div><div>Covered Dates</div></div><div><div>Gender</div><div>Total Charged Amount</div></div></div></div><div><div>Expand All</div><div>Collapse All</div></div></div></div></div>								
Step 8	<ul style="list-style-type: none">Enter the Diagnosis Code then select Add. <p>NOTE: Everything with a red asterisk (*) must be completed if the section is applicable to the claim.</p> <div><div>Diagnosis Codes</div><div><div>Select the row number to edit the row. Click the Remove link to remove the entire row.</div><div>Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.</div><table><thead><tr><th>#</th><th>Diagnosis Type</th><th>Diagnosis Code</th><th>Action</th></tr></thead><tbody><tr><td>1</td><td></td><td></td><td></td></tr></tbody></table><div><div>1</div><div><div>*Diagnosis Type</div><div>ICD-10-CM</div><div></div></div><div><div>*Diagnosis Code</div><div></div><div></div></div></div><div><div>Add</div><div>Reset</div></div></div></div>	#	Diagnosis Type	Diagnosis Code	Action	1			
#	Diagnosis Type	Diagnosis Code	Action						
1									
Step 9	<ul style="list-style-type: none">Enter the External Cause of Injury Diagnosis Code if applicable. Then, select Add (see image below). <p>NOTE: Everything with a red asterisk (*) must be filled out if the section is applicable to the claim.</p>								

Steps	Description										
	<div> <div>External Cause of Injury Diagnosis Codes</div> <div>Select the row number to edit the row. Click the Remove link to remove the entire row.</div> <table border="1"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>External Cause of Injury Diagnosis Code</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div> 1 <div>*Diagnosis Type</div> <div>ICD-10-CM</div> <div>*External Cause of Injury Diagnosis Code</div> <div></div> </div> <div> <div>Add</div> <div>Reset</div> </div> </div>	#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action	1					
#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action								
1											
Step 10	<ul style="list-style-type: none"> Enter the Condition Codes information if applicable. Then select Add. <p>NOTE: Everything with a red asterisk (*) must be filled out if the section is applicable to the claim.</p> <div> <div>Condition Codes</div> <div>Click the Remove link to remove the entire row.</div> <table border="1"> <thead> <tr> <th>#</th> <th>Condition Code</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> </tbody> </table> <div> 1 <div>*Condition Code</div> <div></div> </div> <div> <div>Add</div> <div>Reset</div> </div> </div>	#	Condition Code	Action	1						
#	Condition Code	Action									
1											
Step 11	<ul style="list-style-type: none"> Enter the Occurrence Codes information if applicable. Then select Add. <p>NOTE: Everything with a red asterisk (*) must be filled out if the section is applicable to the claim.</p> <div> <div>Occurrence Codes</div> <div>Select the row number to edit the row. Click the Remove link to remove the entire row.</div> <table border="1"> <thead> <tr> <th>#</th> <th>Occurrence Code</th> <th>From Date</th> <th>To Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div> 1 <div>*Occurrence Code</div> <div></div> <div>*From Date</div> <div></div> <div>*To Date</div> <div></div> </div> <div> <div>Add</div> <div>Reset</div> </div> </div>	#	Occurrence Code	From Date	To Date	Action	1				
#	Occurrence Code	From Date	To Date	Action							
1											
Step 12	<ul style="list-style-type: none"> Enter the Value Codes information if applicable. Then select Add. <p>NOTE: Everything with a red asterisk (*) must be filled out if the section is applicable to the claim.</p> <div> <div>Value Codes</div> <div>Select the row number to edit the row. Click the Remove link to remove the entire row.</div> <table border="1"> <thead> <tr> <th>#</th> <th>Value Code</th> <th>Amount</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div> 1 <div>*Value Code</div> <div></div> <div>*Amount</div> <div></div> </div> <div> <div>Add</div> <div>Reset</div> </div> </div>	#	Value Code	Amount	Action	1					
#	Value Code	Amount	Action								
1											
Step 13	<ul style="list-style-type: none"> Enter the Surgical Procedures information if applicable. Then select Add. <p>NOTE: Everything with a red asterisk (*) must be filled out if the section is applicable to the claim.</p>										

Steps	Description																						
	<ul style="list-style-type: none">Review all sections under “Submit Institutional Claim: Step 2” page. If all the information is correct select Continue to move to Step 3. <div><div><div>Surgical Procedures</div><div>Select the row number to edit the row. Click the Remove link to remove the entire row. Please note that the 1st surgical procedure code entered is considered to be the principal (primary) Surgical Procedure Code.</div><table><thead><tr><th>#</th><th>Surgical Procedure Type</th><th>Surgical Procedure Code</th><th>Date</th><th>Action</th></tr></thead><tbody><tr><td>1</td><td></td><td></td><td>-</td><td></td></tr></tbody></table><div><div>1</div><div><div>*Surgical Procedure Type</div><div>ICD-10-PCS</div></div><div><div>*Surgical Procedure Code</div><div></div></div><div><div>*Date</div><div></div></div><div><div>Add</div><div>Reset</div></div></div><div><div>Back to Step 1</div><div>Continue</div><div>Cancel</div></div></div></div>	#	Surgical Procedure Type	Surgical Procedure Code	Date	Action	1			-													
#	Surgical Procedure Type	Surgical Procedure Code	Date	Action																			
1			-																				
Step 14	<p>The Portal displays the “Submit Institutional Claim Step 3” page. The previous information that was entered in step 1 and step 2 is displayed at the top of the page on step 3.</p> <ul style="list-style-type: none">Scroll down to view the additional sections on this page. <p>NOTE: Select the <i>plus</i> (+) and <i>minus</i> (-) for each section to expand and collapse.</p> <div><div><div>Submit Institutional Claim: Step 3</div><div>* Indicates a required field.</div><div>Claim Type Home Health</div><div>Provider Information</div><table><thead><tr><th>Billing Provider ID</th><th>ID Type</th><th>NPI</th><th>Name</th></tr></thead><tbody><tr><td colspan="4">Taxonomy</td></tr></tbody></table><div>Patient and Claim Information</div><table><tbody><tr><td>Member ID</td><td>Gender</td></tr><tr><td>Member</td><td>Total Charged Amount</td></tr><tr><td>Birth Date</td><td></td></tr><tr><td>Covered Dates</td><td></td></tr></tbody></table><div>Expand All Collapse All</div><div><div>Diagnosis Codes</div><div>Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.</div><table><thead><tr><th>#</th><th>Diagnosis Type</th><th>Diagnosis Code</th></tr></thead><tbody><tr><td>1</td><td>ICD-10-CM</td><td>R071-CHEST PAIN ON BREATHING</td></tr></tbody></table></div></div></div>	Billing Provider ID	ID Type	NPI	Name	Taxonomy				Member ID	Gender	Member	Total Charged Amount	Birth Date		Covered Dates		#	Diagnosis Type	Diagnosis Code	1	ICD-10-CM	R071-CHEST PAIN ON BREATHING
Billing Provider ID	ID Type	NPI	Name																				
Taxonomy																							
Member ID	Gender																						
Member	Total Charged Amount																						
Birth Date																							
Covered Dates																							
#	Diagnosis Type	Diagnosis Code																					
1	ICD-10-CM	R071-CHEST PAIN ON BREATHING																					
Step 15	<ul style="list-style-type: none">Fill out the required information for the Service Details section.<ul style="list-style-type: none">Complete the NDCs for Svc. #1 panel, if applicable.Once all information has been completed, select Add (see image below).																						

Steps	Description																
	<div> <div>Service Details</div> <div>Select the row number to edit the row. Click the Remove link to remove the entire row.</div> <table border="1"> <thead> <tr> <th>Svc #</th> <th>Revenue Code</th> <th>HCPCS/Proc Code</th> <th>From Date</th> <th>To Date</th> <th>Units</th> <th>Charge Amount</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div> 1 *Revenue Code <input type="text"/> HCPCS/Proc Code <input type="text"/> Modifiers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *From Date <input type="text"/> To Date <input type="text"/> *Units <input type="text"/> *Unit Type <input type="text"/> Charge Amount <input type="text"/> </div> <div> <div>NDCs for Svc. # 1</div> <div>If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC/UPN information is required when adding or saving NDC/UPN with prescription information (Prescription Number, Prescription Type).</div> <div> Code Type <input type="text"/> NDC/UPN <input type="text"/> Quantity <input type="text"/> Unit of Measure <input type="text"/> Prescription Number <input type="text"/> Prescription Type <input type="text"/> </div> <div> Add Reset </div> </div> </div>	Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action	1							
Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action										
1																	
Step 16	<ul style="list-style-type: none"> Select the plus sign (+) in the Attachments section to submit an attachment with the claim. <p>NOTE: If an attachment is not needed for this claim, select Submit to submit the claim.</p> <div> <div>Attachments</div> <div>Click the Remove link to remove the entire row.</div> <table border="1"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Control #</th> <th>Attachment Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td></td> <td colspan="5">Click to add attachment.</td> </tr> </tbody> </table> <div> Back to Step 1 Back to Step 2 Submit Cancel </div> </div>	#	Transmission Method	File	Control #	Attachment Type	Action		Click to add attachment.								
#	Transmission Method	File	Control #	Attachment Type	Action												
	Click to add attachment.																
Step 17	<ul style="list-style-type: none"> Select <i>FT-File Transfer</i> or <i>NotSpecified-Not Specified</i> from the Transmission Method dropdown. This selection affects the fields that display. Complete the additional required fields for this section and select Add. <p>NOTE: Everything with a red asterisk (*) must be completed if the section is applicable to the claim.</p> <div> <div>Attachments</div> <div>Click the Remove link to remove the entire row.</div> <table border="1"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Control #</th> <th>Attachment Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td></td> <td colspan="5">Click to collapse.</td> </tr> </tbody> </table> <div> <div> *Transmission Method <input type="text"/> </div> <div> *Upload File <input type="text"/> No file chosen </div> <div> *Attachment Type <input type="text"/> </div> <div> Description <input type="text"/> </div> <div> Add Cancel </div> </div> <div> Back to Step 1 Back to Step 2 Submit Cancel </div> </div>	#	Transmission Method	File	Control #	Attachment Type	Action		Click to collapse.								
#	Transmission Method	File	Control #	Attachment Type	Action												
	Click to collapse.																

Steps	Description
	<p>If <i>NotSpecified-Not Specified</i> was selected for the Transmission Method, an Attachment Control Number (ACN) must be added in the Control # field.</p> <p>NOTE: If <i>NotSpecified-Not Specified</i> is selected as the Transmission Method, a unique Attachment Control Number (ACN) must be created for each claim. In addition, a Claim Attachment Form must accompany each Explanation of Medicaid Benefits (EOMB) and must identify the Provider's NPI and ACN as it was entered in the Attachments section. The Claim Attachment Form is located at: Forms - Mississippi Division of Medicaid.</p> 
Step 18	<p>Any added attachments display in the Attachments section.</p> <ul style="list-style-type: none"> Review the information entered for “Submit Institutional Claim: Step 3” and select Submit. 
Step 19	<p>The Portal displays the Confirm Institutional Claim page.</p> <p>Review all the information entered for this claim. Select the <i>plus</i> (+) and <i>minus</i> (-) to expand and collapse each section. Expand All and Collapse All to expand and collapse all the sections at once.</p> <p>At the bottom of the page, select Back to Step 1, 2, or 3 to go back and edit the information entered for this claim.</p> <ul style="list-style-type: none"> After reviewing all entered claims data, select Confirm to confirm the claim submission (see images below).

Steps	Description
	<div><div>Confirm Institutional Claim</div><div>Select Print Preview before you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.</div><div>Claim Type Inpatient</div><div><div>Provider Information</div><div><div>Billing Provider ID</div><div>ID Type NPI</div><div>Name</div><div>Taxonomy</div><div>Institutional Provider ID</div><div>ID Type _</div><div>Name _</div><div>Taxonomy</div><div>Attending Provider ID</div><div>ID Type _</div><div>Name _</div><div>Taxonomy</div><div>Operating Provider ID</div><div>ID Type _</div><div>Name _</div><div>Taxonomy</div><div>Other Operating Provider ID</div><div>ID Type _</div><div>Name _</div><div>Taxonomy</div></div><div><div>Member Information</div><div><div>Member ID</div><div>Member</div><div>Birth Date</div><div>Address</div><div>Address Line 2</div><div>City</div><div>State</div><div>Gender</div><div>Zip Code</div></div></div></div></div>

Steps	Description																
	<div><div><div>Claim Information</div><div><div><div>Covered Dates</div><div>Admission Type</div><div>Admitting Diagnosis Type</div><div>Admitting Diagnosis</div><div>Patient Status</div><div>Patient Number</div><div>Does the provider accept assignment for claim processing?</div><div>Are benefits assigned to the provider by the patient or their authorized representative?</div><div>Does the provider have a signed statement from the patient releasing their medical information?</div></div><div><div>Admission Date/Hour</div><div>Admission Source</div><div>Discharge Hour</div><div>Type of Bill</div><div>Authorization Number</div></div></div><div><div>Total Charged Amount</div><div>\$0.00</div></div></div><div><div>Expand All</div><div> </div><div>Collapse All</div></div><div><div>Diagnosis Codes</div><div></div></div><div><div>Service Details</div><div></div></div><table><tr><th>Svc #</th><th>Revenue Code</th><th>HCPCS/Proc Code</th><th>Mod</th><th>From Date</th><th>To Date</th><th>Units/Type</th><th>Charge Amount</th></tr><tr><td>1</td><td>123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC</td><td></td><td></td><td>01/17/2023</td><td>01/20/2023</td><td>1.000 Unit</td><td>\$0.00</td></tr></table><div><div>Attachments</div><div></div><div>No External Cause of Injury Diagnosis Codes exist for this claim</div><div>No Patient Reason for Visit Diagnosis Codes exist for this claim</div><div>No Other Insurance Details exist for this claim</div><div>No Condition Codes exist for this claim</div><div>No Occurrence Codes exist for this claim</div><div>No Value Codes exist for this claim</div><div>No Surgical Procedures exist for this claim</div></div><div><div>Back to Step 1</div><div>Back to Step 2</div><div>Back to Step 3</div><div>Print Preview</div><div>Confirm</div><div>Cancel</div></div></div>	Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC			01/17/2023	01/20/2023	1.000 Unit	\$0.00
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount										
1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC			01/17/2023	01/20/2023	1.000 Unit	\$0.00										
Step 20	<p>The Portal returns the Submit Home Health Claim: Confirmation page (see image below).</p> <p>NOTE: The Confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB.</p> <p>NOTE: If the claim has an attachment with a not-specified transmission method, then the Confirmation page has an Attachments Coversheet(s) button for the cover page.</p> <p>NOTE: It is required to mail the attachment after submitting the claim when a not-specified value is selected for the transmission method.</p>																

Steps	Description
	<div> <div>Submit Home Health Claim: Confirmation</div> <div>Home Health Claim Receipt</div> <p>Your Home Health Claim was successfully submitted. The claim status is Finalized Payment.</p> <p>The Claim ID is 2323025000001.</p> <p>Click Attachment Coversheet(s) to view the claim attachments coversheet(s).</p> <p>Click Print Preview to view the claim details as they have been saved on the payer's system.</p> <p>Click Copy to copy member or claim data.</p> <p>Click New to submit a new claim.</p> <p>Click View to view the details of the submitted claim.</p> <div> <div>Attachment Coversheet(s)</div> <div>Print Preview</div> <div>Copy</div> <div>New</div> <div>View</div> </div> </div>

Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
1.1	03/07/2023	Gainwell	Initial publication